

Mentor Pilot (Volunteer Instructor) Contract Application

To: Aviation Division, Air Search and Rescue Program

I _____ hereby submit an application to perform duties as a 'mentor' (an instructor) of Air Search and Rescue volunteers for the State of Washington, and agree to the following guidelines, WAC 468-200-220 and Ch 47.68 RCW.

I understand that this AGREEMENT is for reimbursement of specific costs incurred by myself during the performance of these duties. The costs are limited to lodging, meals, and fuel and oil expenses incurred. The lodging and meals are limited to the rate set by the STATE, and any excess amounts will not be reimbursed. Fuel and oil reimbursements are limited to personnel automobile and aircraft utilized for travel to and from the training activity. All requests for reimbursement will be accompanied by receipts and submitted within a period of one month following the activity.

I understand that these duties are limited to performing instruction, ground and air, in standard SAR techniques and procedures. That this instruction will not include any primary flight instruction or flight reviews as set forth by FAA regulations. The 'mentor pilot' (instructor) will train, evaluate, and prepare for certification aircrew members in the following: standard search patterns, visual and electronic search techniques, cockpit crew resource management, navigation and position determination, scanning and sighting procedures, operational and flight line safety, communications, and others items as may be outlined by WAC 468-200-120.

I understand that I must possess as a minimum: a pilot certificate, a third class medical certificate, and have a minimum of 500 hours pilot in command time.

I understand that I must maintain a current Washington State pilot registration and a current Air SAR registration. Failure to renew either registration will suspend the AGREEMENT.

I understand that the period of the AGREEMENT will be for a period of twenty-four (24) months, and any violation of State or Federal aviation regulations must be reported and may be cause for suspension of the AGREEMENT.

I understand that the STATE reserves the right to suspend or terminate the contract without written or prior notice in the interest of safety, or suspected violation.

I certified that I understand the requirements as set forth by the above.

Signature

Date

Air Search and Rescue Mentor Application Form

In accordance with RCW 47.68.233; 47.68.236; and WAC 468-200, the Washington State Department of Transportation Aviation Division conducts training and certification of all aircraft pilots and observers as well as main base support personnel who may be assigned and working at a designated Incident Command Post. As such the Division shall enter into contract with designated and approved experienced Air Search and Rescue pilots for the purpose of aiding said training and certification. The aforementioned contract shall be for the purpose of reimbursement of certain logistical expenses. All qualified individuals may apply to the Division for said contract. The State and its agents will determine approval. This form will accompany the letter of intent.

Last Name		First Name		M.I.		Air SAR Card Number and Date of Expiration			
Street Address						E-Mail Address			
City			State		Zip Code		County		
Pilot Certificate Number			Type of Pilot's License						
Medical Class / Date			Total Time PIC		BFR Date		WA State Pilot Exp.		Mountain Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No
Own an Aircraft <input type="checkbox"/> Yes <input type="checkbox"/> No			Aircraft "N" Number		Aircraft Types in Which Experienced				
Instructor Experience <input type="checkbox"/> Yes <input type="checkbox"/> No			IFR Current <input type="checkbox"/> Yes <input type="checkbox"/> No		Aviation Insurance (list here) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact						Relationship		Telephone Number	
Signature of Applicant						Date Applied		I attest that all information is correct and true. False application may result in suspension of all privileges and punitive actions.	
Prior Contract with WSDOT <input type="checkbox"/> Yes <input type="checkbox"/> No					This Application Received		Approved By		

Remarks: